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MEDICAL OFFICE HISTORY [redacted]

History

In 1946 the mission of the Medical Office was outlined and the plans for the development of that mission were conceived. The mission itself as originally planned and that which is at its present stage of maturation has never varied in basic concept. The Medical Office has been assigned the responsibility of lending medical support for two major categories of Agency function.

The first, chronologically, consisted of the establishment of a Medical Support Program as a Headquarters function for personnel bound for overseas stations. In addition the need for a support program for Headquarters personnel per se was apparent and this was phased in the early planning of its functional objectives.

The second, geographically, consisted of the establishment of a Medical Support Program overseas for personnel in those stations.

The definition of a support program as envisioned even at that time was a horizontal spectrum of activities rather than a vertical pillar of support. This horizontal spectrum could be blended, expanded and phased to parallel the growth and development of the Agency itself. It is true that multiple individual pillars could have been erected to keep pace with a slowly growing organization. But to have relied on that structural support would not perhaps have served as efficiently nor have met the anticipated responsibilities as effectively.

If the definition of support can be drawn out into this horizontal concept one can have at the one end the routine duties of the Medical Office, i.e., dispensary visits, physical examinations and immunization

of overseas personnel. At the other end of the spectrum is the Medical Support Program of overseas operations. The far right-hand side of the spectrum has not as yet been limited because as new projects develop never and heretofore unknown wave lengths of support appear. Even within the realm of the visible portion of the spectrum of the headquarters area new frequencies of activity are discovered which conform to the requests of the other offices.

By-and-large it is this interpretation of the term "support" that has served as a meter bar for the Medical Office to develop fully its mission. The term can embrace anything from the simplest items of issue of medical supply to a small hospital for an overseas station. It can embrace anything from a simple discussion of health and sanitation conditions in a foreign station to a training program for medical corpsmen.

It is apparent that the historical development of the mission coincided for the most part with the historical development of the Medical Office.

In that year of 1946 the Medical Division consisted of a small dispensary over the garage near "Q" Building with a staff of [redacted] of whom 25X9
25X9 were Army and [redacted] civilian nurses. The Medical Headquarters was located in the rear of "Q" Building. Only one phase of the mission could be activated at that time. This consisted of the development of the Technical Services Branch which processed all non-covert personnel either entering on board or going overseas. Immunization procedures were established for overseas assignments. Proper documentation of those procedures were de-

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[redacted]

other? These questions and many more confronted the Medical Office and served to establish a "modus operandi" which has had only few revisions during the past years.

The Medical Office could not at that time engage in overseas support of operations, medical research and the training of medical officers and medical corpsmen. The problems of liaison were by reason of necessity handled by the Technical Services Division.

A survey was made by this staff to determine Agency needs as they existed at that time so that their mission could be properly phased with those needs. It was the recommendation as a result of this staff study that: Health rooms should be established; physical standards as developed be employed on an Agency wide basis; a Preventive Medicine Program be established; and an adequate amount of floor space for the medical headquarters and dispensary be approved.

25X9 During that year and 1947 the average number of physical examinations done were [redacted] patients were treated in the dispensary. It was during this period that health rooms were established in certain Agency buildings too far from the dispensary. Sick calls were held at specified times in these areas with a registered nurse in attendance. Any difficult cases or diagnostic problems were referred to the medical officer in the dispensary.

The Medical Office conforms to Public Law 658 as far as the treatment of personnel in the headquarters area is concerned. The Government physician is limited to cases of minor or emergency illnesses and the referral of new patients to private physicians. Of course this covers injuries not incurred in the line of duty, and a few years later as the Overseas Medical Military Personnel Support Program got underway it would create an impossible situation from the standpoint of security if such a law were applied to personnel in overseas stations.

In 1948 the Army was gradually replaced by civilians in keeping with the overall agency change. The Medical Office was then called the Medical Division and appeared under Personnel in the Administration T/O. Later on in 1950 it arrived at the overt support staff status with an equal place along with Personnel. When the change from the military to civilian occurred, the staff was reduced to [redacted] 25X9

Late in 1948 the Headquarters and dispensary were moved into the west 25X1A6a wing of the first floor of Central Building. Here were located a pharmacy, examining rooms, an X-ray room, a technical laboratory office space and other smaller rooms.

To coordinate its activities with other agencies it became necessary to have its program approved by the United States Public Health Service, the Bureau of Employees Compensation and the Army and the Navy. This approval was granted in 1949.

The first rumblings from overseas indicating the need for medical support in the field were heard early in 1949. Even before the Overseas Medical Support Program was developed, the Medical Office found itself moving on a narrow line between an industrial health program similar to those which

are common in private industry and a semi-military program for the care of military personnel. Throughout this entire fabric of treatment and 25X1C

[redacted]

The Medical Office had, since its beginning provided support to the operations division of the Agency on a relatively small scale and on a request basis.

By June 1950 it became apparent, with the deployment of large groups of personnel to extensive stations, that a considerable degree of specialized medical assistance and guidance would be required. Accordingly at this time a medical officer was assigned to OPC Staff II to develop a medical support program to operations.

In August 1950 the Special Support Division of the Medical Office came into being and assumed the task of procuring and assigning medical officers and technicians to support operational prospects.

The problem of recruiting qualified medical officers was aided by the physicians' draft. Selected medical officers who had received a part or all of their training under the ASTP or V-12 Programs and were awaiting a call to active duty were recruited. Their orders were stopped and they were moved into the Agency's medical program.

At that time the Medical Office had no medical corpsmen refresher school and it was necessary to recruit ex-navy corpsmen with a considerable background in pharmacy, minor surgery and supply. These were sent into the field to assist the medical officer in the case of personnel assigned to the station.

Superficially it appears like a rather simple task to recruit medical officers and corpsmen. However, many problems arose. Such basic questions asked were: Will the Medical Officer still face military duty after his two-year tour of duty? What channels in the Department of Defense would be necessary to open to obtain medical supplies, equipment and even hospitals?

During this year the total number of non-covert physical examinations had increased to [redacted] and the dispensary visits had increased to [redacted] 25X9 25X9

The opening of the Korean conflict threw new and more varied responsibilities on the Medical Office. The tempo of activity increased almost daily in the Agency and this was reflected in the support activities of the Medical Office.

The Chief of the Medical Office and his Deputy held the office on a

steady course with the assistance of three nurses and five corpsmen. Plans were now developed for small dispensaries and three-five-and-ten-bed hospitals.

Medical supplies were obtained, packaged and shipped overseas. Covert and non-covert medical officers and corpsmen were recruited and assigned to projects in the field. At that time the greatest demands were coming from FE,WE and EE.

The Deputy Chief of the Medical Office assumed the full responsibility of the Special Support Division. It was necessary to make inspection tours and to establish liaison and rapport with the stations in the field where medical support was going.

The Chief of the Medical Office developed the policy and implemented the mission of the Office and at the same time kept the spectrum of support abreast of the activation of new projects.

In the case of both it was often necessary to entertain certain metamorphic responsibilities in addition to the responsibilities of basic policy and planning. Recruitment, early training programs, administrative problems, early research problems and liaison all fell within the province of this embryonic office.

The culmination of these efforts proved that medical personnel could be deployed in Headquarters and the field at the same time and the mission of the Office was beginning to take on sidewalls, doors and a roof.

The first medical officer departed for an overseas station in March 1951 and the first corpsman in May 1951. These have been followed by others intermittently ever since.

In March 1951 the Western Europe area was surveyed and in August and

and September 1951 the Far East area was surveyed by the Deputy Chief, Medical Staff. Personal conferences with the medical personnel at these sites were mutually valuable and brought the Medical Office a more intimate understanding of its mission in the medical evaluation, treatment and disposition of employees.

From this modest beginning the Special Support Division has continued to expand its activities in the field. It was felt that the physical location of that Division in "K" Building would enhance its mission since it would be in closer contact with the operating divisions. It has continued to occupy that area up to the present time.

It was the early opinion of this Office that many of its functions would be facilitated if they could be coordinated by a separate division. In February 1951 the Program Coordination Division was activated. The functional objectives of that Division were dependent upon the requirements from the Chief of the Medical Office and the two other divisions.

Training programs for hospital corpsmen were developed. Courses in medical support for paramilitary operations were given and the first class of hospital corpsmen entered the training school at [redacted] in 25X1A6a September 1951. In October 1951 another school for field training of these corpsmen was established in a station outside the Washington area. Requests for other training programs filtered into this Division. Courses in first aid and field sanitation had to be developed, manuals written and lectures given.

Problems in medical research arising in the field or Headquarters were turned over to this Division as well as requests for liaison with medical components of the Army, Navy, Air Force and other Government Agencies. Special projects fell within the scope of activity of the Program Coordination

Division. To handle the bulk of responsibilities it was divided into a Research Branch and a Training Branch. With a complement of [redacted] medical officers and a training officer it was able to meet most of its responsibilities by September 1951. 25X9

During this year the number of non-covert physical examinations reached the [redacted] out-patient visits to the dispensary. An Acting Chief of the Technical Services Division was appointed to handle the then increasing work load. In addition to the Acting Chief another nurse was added and [redacted] more corpsmen bringing the total complement of that Division 25X9 25X9

[redacted]

With this expansion of activities and growing problems in administration, personnel and supply it became apparent that need for the establishment of the Administrative Services Division was a necessary step. This was accomplished in August 1951. Advice and guidance on administrative matters from the other three divisions were turned over to this newly created Division. It also assumed the duties of personnel selection and recruitment and phased their entrance-on-duty with the needs of the projects in the field or in Headquarters. All matters of supply were assigned to this Division, including overseas stations as well as Headquarters. As an administrative filter center it could review the activities of the other Divisions from an administrative standpoint and from that anticipate its own needs in the realm of recruitment and supply. This growing young office reached its full office status under Administration in 1951.

As early as September 1951 all four Divisions were running smoothly and all problems were mutual problems and all plans mutual plans. The solutions to those problems could not come from one Division or even two.

Monday morning staff meetings were started in 1951. At these meetings each Divisional Chief presented to the Chief, Medical Staff a report on their activities, projects, plans and developments.

From the original staff in 1946 the Medical Office has grown in personnel with respect to medical officers, corpsmen and nurses. This of course includes both Headquarters and overseas personnel.

The years between 1946 and 1952 have seen a substantial increase in the incidence of tropical diseases, psychiatric disorders and the routine illnesses in returnees from overseas. With the gradual growth of medical personnel overseas, many of these routine illnesses and tropical diseases will be cared for in the field. The psychiatric disorders, if for no other reason than security, must be cared for stateside.

This period ~~has been one~~ of growth has not been in personnel and the activities alone but also in office space and equipment. The tiny quarters over the garage produced a bottleneck in operating efficiency.

The west end of the first floor of Central Building as assigned to the Medical Office seemed to grow smaller and smaller. New and more efficient X-ray machines were installed. Diagnostic aids such as the electrocardiographic and basal metabolism equipment were added. New diagnostic laboratory tests were added.

More floor space was needed for the expanded operations of the Special Support Division in "K" Building. This was obtained. The same pattern was reflected in the Administrative Services Division and the Program Coordination Division with the establishment of the training school and office space.

At the present time this Office occupies almost the entire first floor

of Central Building which serves as a Headquarters area as well as a working area for the Technical Services, Administrative Services and Program Coordination Divisions.

The basic policy of the mission of the Medical Office has been maintained throughout and by-and-large the timing of Medical Office activities has been in tune with the activities of the rest of the Agency. This mission will be continued as long as the Agency requests continued medical support.